

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET**

SERIAL NO.

FILING DATE

APPLICANT(S)

**CLAIMS**

	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT	
	IND	DEP	IND	DEP	IND	DEP
1						
2						
3						
4						
5						
6						
7						
8						
9	1					
10		1				
11		2				
12		2				
13		2				
14		2				
15		2				
16		2				
17	1					
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19						
20	1					
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22		2				
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28	1					
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50						
TOTAL IND.	4					
TOTAL DEP.	26					
TOTAL CLAIMS	30					

	IND	DEP	IND	DEP	IND	DEP
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TOTAL CLAIMS						